



APPLICATION FOR VARIANCE

State Form 44400 (R6 / 6-12)

Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTION: Please refer to the attached four (4) page instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

| | |
|---|--------------------------------------|
| Name of the applicant Chris Leininger | Title Chief Operations Officer |
| Name of organization Blue Sky Casino LLC. | Telephone number (812) 936-5882 |
| Address (number and street, city, state, and ZIP code) 8670 W. State Road 56 French Lick, IN 47432 | |

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

| | |
|---|--------------------------------------|
| Name of person on behalf of the applicant Tim Machina | Title Executive Vice President |
| Name of organization Ryan Fireprotection, Inc. | Telephone number (317) 339-3287 |
| Address (number and street, city, state, and ZIP code) 9740 East 148th St. Noblesville, IN 46060 | |

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

| | |
|--|--------------------------------------|
| Name of design professional George S. Ridgway | License number AR 00033594 |
| Name of organization Cook Group Inc.: Engineering and Architecture Department | Telephone number (812) 330-5412 |
| Address (number and street, city, state, and ZIP code) 1101 West 2nd Street Bloomington, IN 47403 | |

4. PROJECT IDENTIFICATION

| | | |
|---|--------------------------------|------------------|
| Name of project French Lick Event Center Expansion | State project number 367070 | County Orange |
| Site address (number and street, city, state, and ZIP code) 8670 West State Rd. 56 French Lick, IN 47432 | | |
| Type of project: <input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Change of occupancy <input type="checkbox"/> Existing | | |

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- ☒ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
- ☒ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
- ☒ Written documentation showing that the local fire official has received a copy of the variance application.
- ☒ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

☒ Yes (if yes, attach a copy of the Correction Order) ☐ No

Has a violation been issued? ☒ Yes (if yes, attach a copy of the Violation and answer the following) ☐ No

Violation issued by: ☐ Local Building Department ☒ State Fire and Building Code Enforcement Section
☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

IBC 2006

Specific code section

675 - IAC - 13 - 2.5

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

Exit passages from the meeting rooms are approximately 1' - 0" too close together to meet the minimum distance when figuring multiple exits.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☐ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☒ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (*be specific*).

Facts demonstrating that the above selected statement is true:

Current exit passages from rooms are not compliant with applicable codes. Exit doors into other compartments have been added to allow a third path of egress. The meeting rooms are considered a Light Hazard Occupancy. The fire sprinkler system has been designed to provide an Ordinary Hazard Group I Density over all rooms. Since the current design is only a few inches out of compliance, and the third door has been added, with the upgrade of the density in the fire sprinkler system, we feel this alternative design is a viable solution.

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

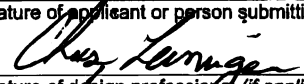

- ☒ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of physical limitations of the construction site or its utility services.
- ☐ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of major operational problems in the use of the building or structure.
- ☒ Imposition of the rule would result in an undue hardship (*unusual difficulty*) because of excessive costs of additional or altered construction elements.
- ☐ Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

Two meeting rooms are in non-compliance. The meeting rooms will become compliant by adding a door entering into another room, which has direct access to a public corridor. Please see attached diagram due to the design of the balance of the area around the rooms, no other alternate layout will work to bring them into compliance.

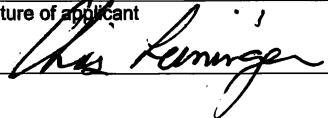
10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

| | | |
|--|--|--|
| Signature of applicant or person submitting application  | Please print name Chris Leininger | Date of signature (month, day, year) 12/01/14 |
| Signature of design professional (if applicable)  | Please print name George S. Ridgway | Date of signature (month, day, year) 12/01/14 |

11. STATEMENT OF AWARENESS (*If the application is submitted on the applicant's behalf, the applicant must sign the following statement*)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

| | | |
|---|--------------------------------------|--|
| Signature of applicant  | Please print name Chris Leininger | Date of signature (month, day, year) 12/01/14 |
|---|--------------------------------------|--|

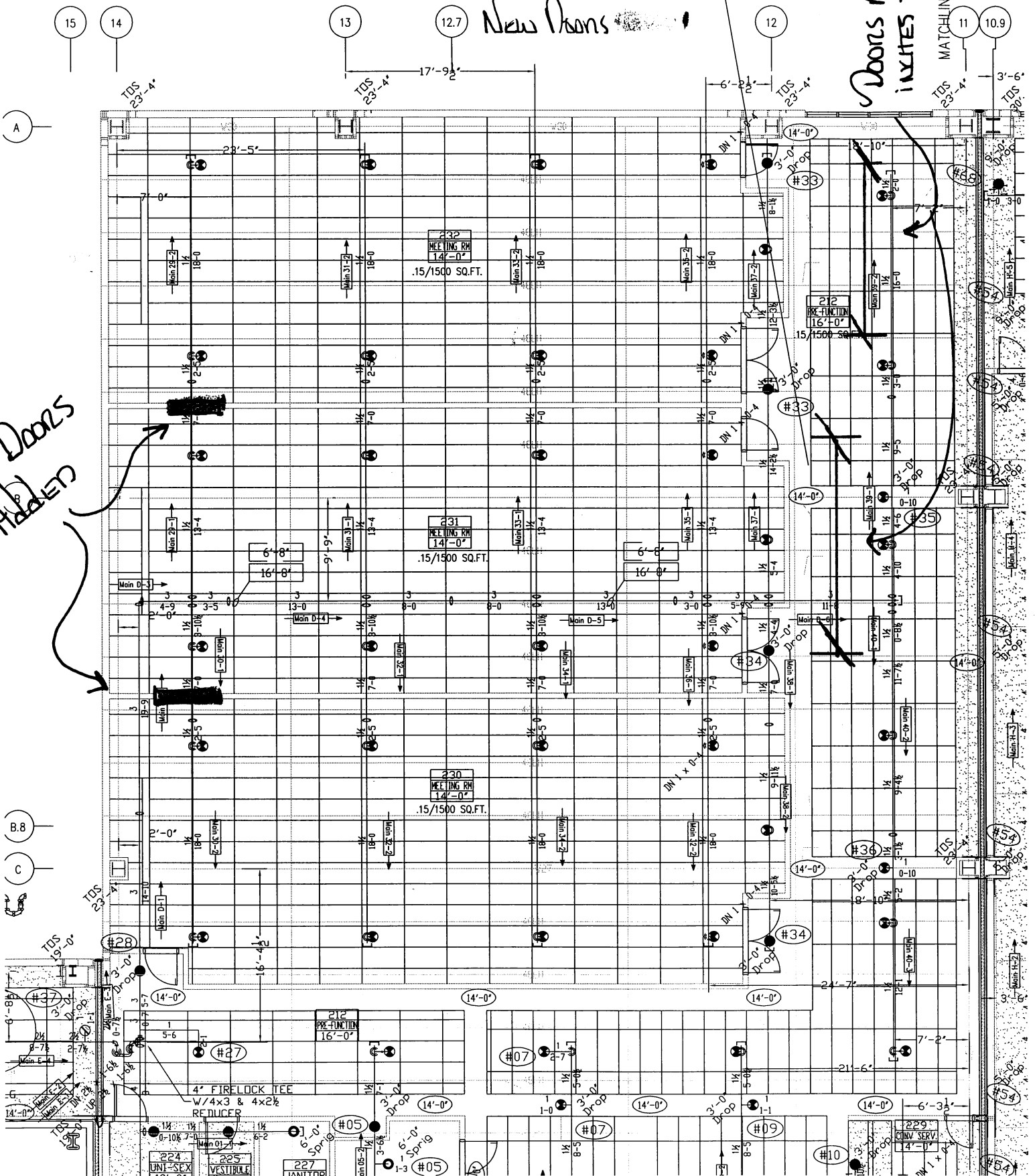
EXISTING DOORS

STATIC: 82 PSI @ 0 GPM FLOWING
RESIDUAL: 80 PSI @ 1480 GPM FLOWING
FILE NAME: 2nd Floor System 2 calc1

New Doors

DOORS A FEW
INCHES TOO CLOSE
MATCHLINE
(2)

Doors
Added





FIRE AND BUILDING CODE ENFORCEMENT INSPECTION REPORT ORDER

DIVISION OF FIRE AND BUILDING SAFETY
INDIANA DEPARTMENT OF HOMELAND SECURITY
302 WEST WASHINGTON STREET, RM E241
INDIANAPOLIS, IN 46204
TELEPHONE: 317-232-2222
WEB ADDRESS: WWW.IN.GOV/DHS

| | | |
|--|--|-----------------------------------|
| Identification Number 367070 | Name of the facility EVENT CENTER EXPANSION | County ORANGE |
| Address of Property 8670 W SR 56 FRENCH LICK IN 47432 | | Name of the Contact JIM WRIGHT |
| Telephone Number (317) 716-3513 | | |
| Email jwright@frenchlick.com | | Inspection Date 11/13/2014 |
| Inspection Category CONSTRUCTION DESIGN RELEASE | Inspection Type CONSTRUCTION | Inspection Status: VIOLATION |
| Name of the inspector GARY HOUSE | | Phone: 3174397242 |
| Email: ghouse@dhs.in.gov | | |

Violations

| VIO- LATION NUMBER | RULE OR INDIANA CODE SECTION VIOLATED | DESCRIPTION OF VIOLATION | DATE BY WHICH VIOLATION MUST BE CORRECTED |
|--------------------------|---|--|---|
| 1 | Sec. 1015.2.1 2008 Edition IBC 675 IAC 13-2.5 | <p>Where two exits or exit access doorways are required from any portion of the exit access, the exit doors or exit access doorways shall be placed a distance apart equal to not less than one-half of the length of the maximum overall diagonal dimension of the building or area to be served measured in a straight line between exit doors or exit access doorways. Interlocking or scissor stairs shall be counted as one exit stairway.</p> <p>Exceptions:</p> <p>1. Where exit enclosures are provided as a portion of the required exit and are interconnected by a 1-hour fire-resistance-rated corridor conforming to the requirements of Section 1017, the required exit separation shall be measured along the shortest direct line of travel within the corridor.</p> <p>2. Where a building is equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1.1 or 903.3.1.2, the separation distance of the exit doors or exit access doorways shall not be less than one-third of the length of the maximum overall diagonal dimension of the area served.</p> <p><u>REAGAN ROOM-#209 & FORD ROOM-#207 - The two exit access doorways in each of these rooms are too close together and do not comply with the 1/3 the diagonal separation requirement.</u></p> | 12/15/2014 |

| | | |
|-----------------------|------------------|--------------------|
| Facility Id 367070 | Received By Name | Signature and Date |
|-----------------------|------------------|--------------------|

APPEAL RIGHTS

Please be advised that if you desire administrative review of this Order and **this Order was delivered by hand**, you must file a written petition for review with the Fire Prevention and Building Safety Commission at 302 West Washington Street, Rm. W246, Indianapolis, IN 46204, identifying the violations for which you seek review no later than 15 calendar days from the hand delivery date of this Order unless such date is a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours, in which case the deadline would be the first calendar day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Fire Prevention and Building Safety Commission. If you do not file a petition for review, this Order will be **FINAL** and you **MUST** comply with its requirements.

Please be advised that if you desire administrative review of **this Order and this Order was delivered by first class U.S. mail**, you must file a written petition for review with the Fire Prevention and Building Safety Commission at 302 West Washington Street, Rm. W246, Indianapolis, IN 46204, identifying the violations for which you seek review no later than 18 calendar days from the mailing date of this Order unless such date is a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours, in which case the deadline would be the first calendar day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Department of Homeland Security's offices are closed during regular business hours. If you do so, your petition for review will be granted and an administrative proceeding will be conducted by an administrative law judge appointed by the Fire Prevention and Building Safety Commission. If you do not file a petition for review, this Order will be **FINAL** and you **MUST** comply with its requirements.

Please be further advised that you may request an opportunity to informally discuss this Order prior to filing a petition for review. Such informal discussion, or a request therefor, does not extend the deadline for filing a petition for review and, therefore, any request for an informal discussion should be made promptly, preferably by telephone, upon receipt of this Order.